Under the Paperwork Reduction Act of 1995, no persons

aic i apointoin i i a		
UTILITY	Attorney Docket No.]
	First Inventor	
TRANSMITTAL	Title	Sustained-Rele
	Express Mail Label	

or in an Application Data Sheet under 37 CFR 1.76:

5. Oath or Declaration

2.

3.

4. | 🗸

nder the Paperwork Reduction Act of 1995, no persons are req	uired to respond to a collect	tion of information unless it displays a valid OMB control number.				
UTILITY	Attorney Docket No.	01681/2/US				
PATENT APPLICATION	First Inventor	Amidon, G.E.				
TRANSMITTAL	Title	Sustained-Release Tablet Composition of Pramipexolo-				
Only for new nonprovisional applications under 37 CFR 1.53(b)	Express Mail Label	ER 078630429 US O				
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application co	ontents.	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P. O. Box 1450 Alexandria VA 22313-1450 COMMISSIONER FOR Patents OF COMMIS				
Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processin Applicant claims small entity status. See 37 CFR 1.27. Specification (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	8. Nucleo (if application of the control of the con	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) obtide and/or Amino Acid Sequence Submission obtide and/or Amino Acid Sequence Submission Computer Readable Form (CRF) Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper Statements verifying identity of above copies COMPANYING APPLICATION PARTS Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement (when there is an assignee)				
Oath or Declaration a. Newly executed (original or copy) b. Copy from a prior application (37 CF) (for continuation/divisional with Box 18 continuation) i. DELETION OF INVENTOR(S) Signed statement attached deletin named in the prior application, see 1.63(d)(2) and 1.33(b). Application Data Sheet. See 37 CFR 1.76	12. 13. 14. 15. 15. 16. 17. 17. 17. 17.	English Translation Document (if applicable) Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Other:				
If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: /						
Continuation Divisional Continua	won-m-part (CIF) Of Pi	погарряоской то				

Continuation Divisional Cont	inuation-in-part (CIP) of prior application No.:/
Prior application information: Examiner	Group / Art Unit:
	the accompanying continuation or divisional application and is hereby incorporated to en a portion has been inadvertently omitted from the submitted application parts.
	ORRESPONDENCE ADDRESS

Correspondence address below Customer Number or Bar Code Label 26648 (Insert Customer No. or Attach bar code label here) PHARMACIA CORPORATION Name Global Patent Department 575 Maryville Centre Drive Address 5th Floor, Mail Zone 1006 Zip Code 63141 State MO St. Louis City 314-274-9095 Fax 314-274-6812 Telephone U.S.A. Country.

Name (Print/Type) James C. Forbes	Registration No. (Attorney/Agent)	39,457
Signature lame C Porber	Date	July 24, 2003
10000		1.01 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/17 (5-03)
Approved for use through 04/30/2003. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL	Complete if Known				
-	Application Number	To Be Assigned July 24, 2003			
for FY 2003	Filing Date				
Effective 01/01/2003. Patent fees are subject to annual revision. First Named Inventor		Amidon, G.E.			
Applicant claims small entity status. See 37 CFR 1.27 Examiner Name		To Be Assigned			
	Group Art Unit	To Be Assigned			
TOTAL AMOUNT OF PAYMENT (\$) \$858.00	Attorney Docket No.	01681/2/US			

METHOD OF PAYMENT (check all that apply)				F	EE CALCULA	ATION (c	ontinued)	
Check Credit card Money Other None	3. ADDITIONAL FEES Large Entity Small Entity							
Deposit Account:	Fee	Fee	Fee	Fee		Descripti	ion	Fee Paid
Deposit Account 19-1025	Code 1051	(\$) 130	2051	(\$) 6 5	Surcharge - late	•		
Number Deposit	1052	50	2052	25	Surcharge - late sheet	provisiona	I filing fee or cover	
Account Pharmacia Corporation	1053	130	1053	130	Non - English sp	pecification		
The Commissioner is authorized to: (check all that apply)	1812	2,520	1812	2,520	For filing a reque	est for <i>ex p</i>	arte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting publ	lication of S	SIR prior to Examiner	
Charge any additional fee(s) during the pendency of this application	1805	1,840*	1805	1,840°	Requesting publ	lication of S	SIR after Examiner	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1251	110	2251	55	action Extension for rep	ply within fi	rst month	
	1252	410	2252	205	Extension for rep	ply within s	econd month	
FEE CALCULATION	1253	930	2253	465	Extension for rep	ply within th	nird month	
1. BASIC FILING FEE Large Entity Small Entity	1254	1,450	2254	725	Extension for rep	ply within fo	ourth month	
Fee Fee Fee Fee Description	1255	1,970	2255	985	Extension for rep	ply within fi	fth month	
Code (\$) Code (\$) Fee Paid	1401	320	2401	160	Notice of Appeal	1		
1001 750 2001 375 Utility filing fee 750.00	1402	320	2402	160	Filing a brief in s	support of a	n appeal	
1002 330 2002 165 Design filing 1003 520 2003 260 Plant filing fee	1403	280	2403	140	Request for oral	hearing	-	
	1451	1,510	1451	1.510	Petition to institu	rte a public	use proceeding	
1004 750 2004 375 Reissue filing 1005 160 2005 80 Provisional filing fee	1452	110	2452	55	·			
)	1,300	2453	650	Petition to revive	e - unintenti	onal	
SUBTOTAL (1) (\$) \$750.00		1,300	2501	650	Utility issue fee ((or reissue)		
2. EXTRA CLAIM FEES FOR UTILITY AND Fee from	1502	470	2502	235	Design issue fee	•		
Extra Claims below Fee Paid	1503	630	2503	315	Plant issue fee			
Total Claims 26 -20°° = 6 X 18.00 = 108.00	1460	130	1460	130	Petitions to the C	Commission	ner	
Independent 3 - 3°° = 0 X 84.00 = 0.00 Claims	1807	50	1807	50	Processing fee u	inder 37 Cf	R § 1.17(q)	
Multiple Dependent =	1806	180	1806	180	Submission of In	formation [Disclosure	
Fee Fee Fee Fee Description Code (3) Code (3)	8021	40	8021	40	Recording each		gnment per property	
1202 18 2202 9 Claims in excess of 20	1809	750	2809	375				
1201 84 2201 42 Independent claims in excess of 3	1810	750	2810	375	(37 ČFR § 1.129(a)) For each additional invention to be examined			
1203 280 2203 140 Multiple dependent claim, if not paid		j			(37 CFR § 1.12	9(b))		النسيا
1204 84 2204 42 ** Reissue independent claims over original patent	1801	750	2801	-	Request for Cont		, ,	
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802		Request for expe of a design applic		ination	·
and over original patent								
SUBTOTAL (2) (\$) \$108.00								
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)								
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) James C. Forbes			ion No.	T		Telephone	847-581-60)00
Name (Print) ype)		ttorney/	Agent)	Ш.,		Dete		202

Signature family C harry

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.